

James Alexander

Town

County

Died at Forestville

P. G.

MARYLAND

Date 1902 May 12th

Month

Day

Y.

M.

D.

Native of

Occupation

Age 18th

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Red Baboon

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Jones, Alexander

Mother's

Name

Unknown

Cause of

Primary

Consumption

How long sick

3 weeks

Death

Immediate

Abscess - lungs

~~Accident, Suicide, Homicide~~

Reported by

Father

Address

Forestville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Nancy Boldin Bolen

Town

County

Died at

Bowie

Prince George

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 15

Age

29 8

Maryland Housewife

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 0

Husband

of

Eliza Bolen

Diseased

Father's

Name

Moses Boldin

Mother's

Maiden Name

Sarah Prout Boldin

Cause of

Primary

Pulmonary

How long sick

two years

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

Nelson A Ryan Esq

Address

Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Margaret Osbornell*
 Town *Accokeek* County *P. Geo. Co.*
 Died at *MARYLAND*
 Date 19 *12* - *5* - *28* | Age *65* - - | Native of *Ind* | Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of
Wife

Father's Name *Priscilla Osbornell* Mother's Name *Lucinda Luckett*
 Maiden Name

Cause of

Primary

Death

Immediate

*Cancer**45*

How long sick

~~Accident, Suicide, Homicide~~

Reported by

E. J. Hunt

Address

Tricatoway Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

MARYLAND

Date 19

Male

~~Female~~

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

10th H. Brewer
 Town Laurel County Prince Geo.

Month Day

Y. M. D.

Native of

Occupation

Age

~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~~~White~~~~Colored~~~~Female~~~~Colored~~~~Married~~~~Single~~



Name in Full

Certificate of Death

Mary S. Butler

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 May 6th

Age 49

Ind

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Eddy Claybourn

Died at ^{Town} *St. Washington* ^{County} *Pr. Geo.* **MARYLAND**Date 19 *02* ^{Month} *May* ^{Day} *10* ^{Y.} *10* ^{M.} *10* ^{D.} *10* Native of Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

WidowerNumber of children livingHusband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute cerebro-spinal meningitis

How long sick

Death

Immediate

Chronic eczema of scalp

Accident, Suicide, Homicide

Reported by

Dr. H. Russell, M.D.

Address

*St. Asst. Surgeon**U. S. Army*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 9

Age 25

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living none

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Child birth

Heart failure

How long sick

2 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Wm. P. Every.

MARYLAND

Died at

Saverl. Town

Prince Geo. County

Date

1902. May. 9th

Y. M. D. Age 21-yr.

Native of Howard. Md.

Occupation Farmer.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Albert. Every

Mother's Maiden Name

Annie Dorsey

Cause of

Primary

Bright's Disease.

How long sick

Death

Immediate

Uraemic convulsions

Accident, Suicide, Homicide

Reported by

J. H. Beverly

Address

Saverl. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Mary E. Fleet

County

P. G. Co.

MARYLAND

Died at

Tuttingham

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 7

Age

31

Md

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

4

Husband of

Dangloss Fleet

Wife

Father's

Name

Edmond Ford

Mother's

Maiden Name

Margaret A. Adams

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Exhaustion

93

~~Accident, Suicide, Homicide~~

Reported by

Dr. W. S. Gibbons

Address

Crown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

!



Name in Full

Certificate of Death

John B. Gornley
 Died at *Annandale* *Prince Geo* *MARYLAND*
 Town County

Date 190*4* *May* *22* Month Day Y. M. D. Age *25-9-18* Native of *Pennsylvania* Occupation *Teacher*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

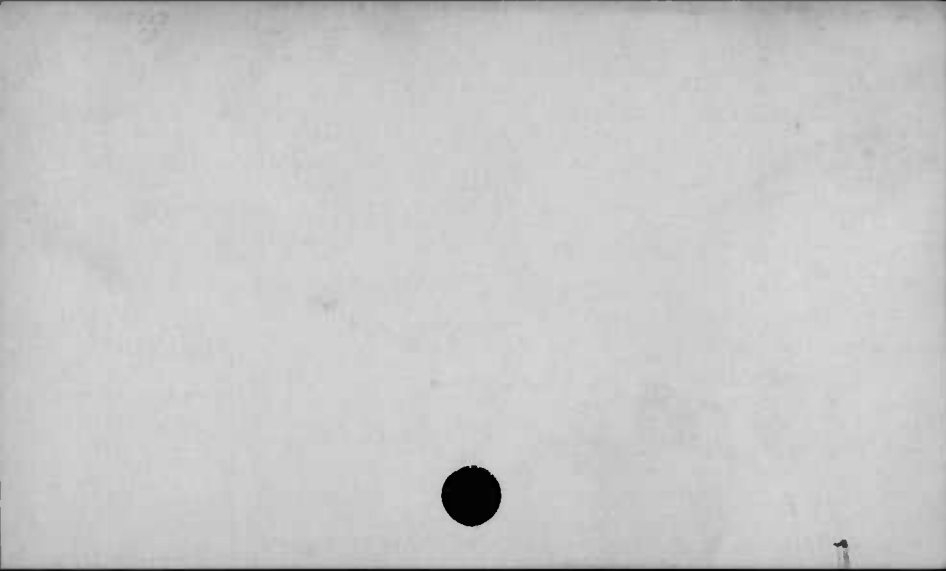
Father's Name *Patrick B Gornley* Mother's Maiden Name *May Mc Chocky*

Cause of Death { Primary *Pulmonary Tuberculosis* Immediate
 How long sick *About 1 year*
 Accident, Suicide, Homicide

Reported by *Le "A" Fox "Me S 27"*

Address *Bethesda* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Mary S. Green.

Town

County

Died at *Bowie Prince George* MARYLAND

Date *1902 May 6* Y. M. D. *Charles County* Occupation
Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widow* Number of children living *1*

Husband of *Thos Green*

Father's Name Mother's Name

Cause of Primary *Gastritis* *104* How long sick *6 years*
 Death Immediate Accident, Suicide, Homicide

Reported by *J. G. Williams MD*

Address *Ponaway, Anne Arundel Co Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 65908



Name in Full

Certificate of Death

Lucile Ross
 Town *Lakeland* County *Dennis* *Georgia* MARYLAND
 Died at
 Month *May* Day *8* Y. *02* M. *02* D. *02* Native of *Maryland* Occupation
 Date 19 *02* *May 8* Age *4*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living

Husband of

Wife

Father's Name

George Ross

Mother's Maiden Name

Rosa Hughes

Cause of

Primary

*Stomach Caught
Pneumonia*

How long sick

Death

Immediate

Accident, Suicide, Homicide

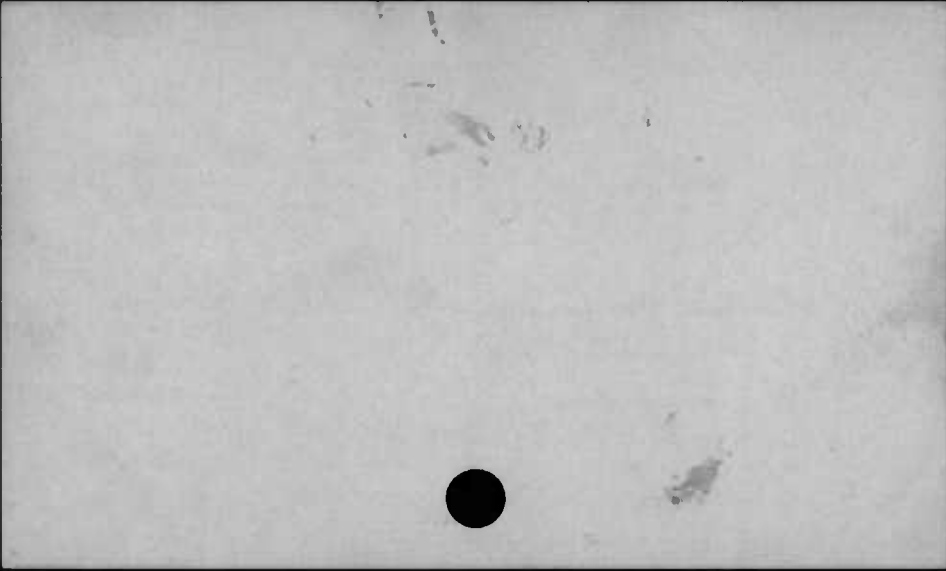
Reported by

M. A. Evans

Address

*College Park
Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Franklin Harrison

Town

County

MARYLAND

Died at Muirkirk Prince Georges

Month Day

Y. M. D.

Native of

Occupation

Date 1902

May 16

Age 8

Ma

none

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Nicholas Harrison

Louisa Hebron

Cause of

Primary

Interstitial Nephritis

How long sick

6 months

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

W. F. Faylor M.D.

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ruthie Hisle

Town

County

Died at

MARYLAND

Clinton

P. G.

Date 1902 May 17

Age 8

Native of

Occupation

Va

house

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Thomas Hisle

Mother's

Name

Dayne

Cause of

Primary

Cerebro Spinal Meningitis

How long sick

3 weeks

Death

Immediate

Cerebro Spinal Meningitis

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Joy
 Died at Centerville Pa. County

MARYLAND

Date 1902 May 11 ^{Month Day} Y. M. D. Age 82 Native of Med Occupation Lumber
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 4

Husband of _____
 Wife _____

Father's Name Hooker Mother's Maiden Name Hooker

Cause of Death { Primary G. Debility How long sick 18 m
 { immediate Exhaustion 154
~~Accident, Suicide, Homicide~~

Reported by J. L. Waring
 Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Georgia Mason

Died at ^{Town} new Marlbow.

County

Pry.

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	5	1	-	-	-	9	—	—
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of
Wife

Father's Name Benny Mason

Mother's Maiden Name

Georgia Mason

Cause of Primary

How long sick
2

Death Immediate

convulsions

~~Accident, Suicide, Homicide~~

Reported by

Benny ^{his} Mason
mark

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full Elliott Raymond Nixon Certificate of Death

Glendale Prince George Co
Town County

Died at Glendale Prince George Co MARYLAND

Date 1902 May - 10th Age 9 - 1 - Native of American Occupation —

Month Day Y. M. D.

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of —

Wife —

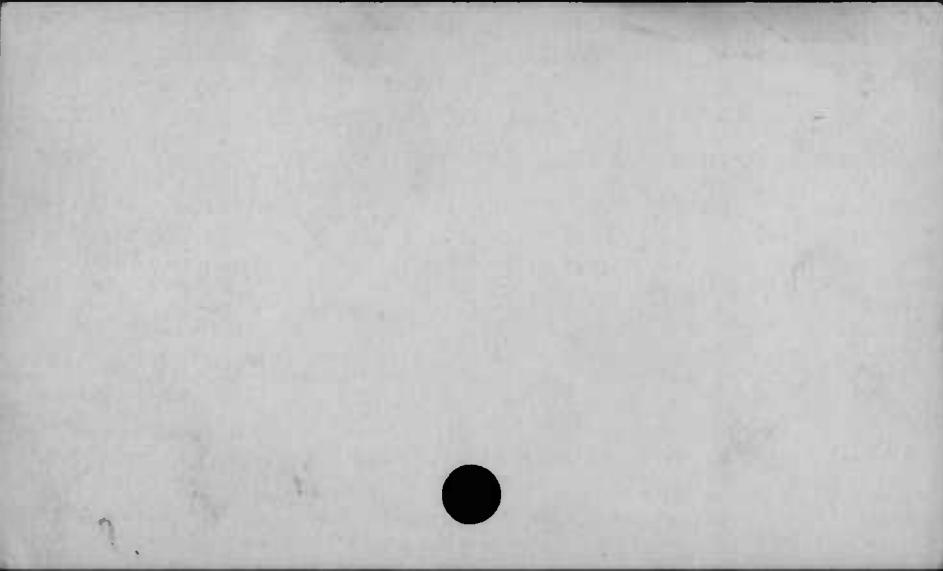
Father's Elliott L Nixon Mother's Anna M. Nixon
Name Maiden Name Euston

Cause of { Primary Gastric Fever How long sick One Month
Death { Immediate Cerebral Meningitis Accident, Suicide, Homicide

Reported by Geo MacDonald MD

Address 1204 G St NW Washington DC

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Alfred Rolanda Perry

Town

County

Died at

Belleme

Prince Georges

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 25

Age

3-5-5

na

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Alfred C Perry

Mother's

Maiden Name

Etta V. Vail

Cause of

Primary

Membranous Croup

How long sick

about 24 hours

Death

Immediate

Obdema laryngitis

Accident, Suicide, Homicide

Reported by

C A Fox

Address

Belleme

Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name in Full

Certificate of Death

Noble Shelton
 Town County
 Died at *Dean Harris Prince Georges* MARYLAND
 Date *1902* Month *May* Day *10* Y. *48* M. *--* D. *--* Native of *MD* Occupation *Cobbler*
 Male *White* Married *Widow* Divorced *--*
 Female *Colored* Single *Widower* Number of children living *2*

Husband *at Mary J. Shelton*
 Wife *at Mary J. Shelton*
 Father's Name *Elandza Shelton* Mother's Name *92*
 Cause of Death { Primary *Pneumonia* How long sick
 Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name in Full

Certificate of Death

Mary Smith
 Town *Leaham* County *P.O.*

MARYLAND

Died at *Leaham P.O.*
 Date *1902* Month *May* Day *30th* Y. *90* M. *90* D. *90* Native of *Mo.* Occupation *House account*
 Male ☒ Female ☐ ~~White~~ ☒ Colored ☐ Married ☐ ~~Widow~~ ☒ ~~Divorced~~ ☐ Widower ☐ Number of children living *1*

Husband *Ar. For. Smith*
 Wife *Ar. For. Smith*

Father's Name *Joseph Allen*

Mother's Name *Julia Allen*

Cause of Death { Primary *Pulmonary Tuberculosis*
 Immediate *2*

How long sick *nearly one year*

Accident, Suicide, Homicide ☒

Reported by

Address *8*

J. M. Russell, Jr. D.
Springfield, Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

TIBBARY BUILDING, 6528



Name in Full *Edward Snell*
 Died at *Bladensburg* ^{Town} *Prince George* ^{County} *MARYLAND*
 Date 19*02* Month *May* Day *22* Age *2* Y. *1* M. *5* D. *MD* Native of *Child* Occupation
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~
~~Wife~~

Father's
 Name

Mother's
 Maiden Name *Carrie Snell*

Cause of Death { Primary *Scarletina* Immediate *Cardiac weakness* How long sick *2 weeks* Accident, Suicide, Homicide

Reported by

Address *Yattsville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Roseanna Thomas

Town

County

Died at

Marbleton

Pleasant

MARYLAND

Date

1902

Month

2-6

Day

Age

10

Y.

M.

D.

Native of

ind

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Walter Thomas

Mother's

Name

Roseanna Hollom

How long sick

Cause of

Primary

Nephritis

120

Death

Immediate

Accident, Suicide, Homicide

Reported by

Reverdy Sasser, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Died at

Date 19

12

-

5

-

26

Age

75

Y.

M.

D.

Native of

Ind.

Occupation

MARYLAND

~~Male~~

White

~~Marr~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

1 week.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73893



Name in Full

Certificate of Death

Essay Woodrow

Died at ^{Town} Frontville ^{County} Prince Georges MARYLAND

Date 1902 ^{Month} 4 ^{Day} 22 ^{Y.} 8 ^{M.} — ^{D.} — ^{Native of} Md ^{Occupation} —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name *Clarence Brown* Mother's Maiden Name *Amelia Berry*

Cause of Death { Primary *Tuberculosis* How long sick *6 mos*
 Immediate *2* ~~Accident, Suicide, Homicide~~

Reported by

Address

John E. Barclay
Frontville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Unknown

Town

County

Died at near Beltonville Pr. Chs

MARYLAND

Date 1902	Month 5 -	Day 9	Y. 35	M. about	D. —	Native of —	Occupation prof. name suff. machinist
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Heart Failure

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Benedict G. Gallant
Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805

